

# Foster Family Home - Corrective Action Report

Provider ID: 1-510059

Home Name: Cherly Silao, CNA

Review ID: 1-510059-6

4107 Likini Street

Reviewer: David Ayling

Honolulu HI 96818

Begin Date: 9/20/2019

**Foster Family Home**      **Required Certificate**      **[11-800-6]**

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification made on 9/20/19.

6.(d)(1) - Home is in compliance with all requirements. Home will receive a 3 bed certification.

  
Compliance Manager

  
Primary Care Giver

9/20/19  
Date

9/20/19  
Date